

# Living Will Worksheet

## Background Information

1. Full Name: \_\_\_\_\_  
First Middle Last
2. Command: \_\_\_\_\_
3. Phone: ( ) \_\_\_\_\_ | ( ) \_\_\_\_\_  
Work Phone Home Phone
4. Military Status: ☐ Active Duty \* ☐ Dependent of Active Duty  
☐ Reserve \* ☐ Dependent of Retired  
☐ Retired ☐ Other  
\* Please provide rank: \_\_\_\_\_
5. Home Address: \_\_\_\_\_  
\_\_\_\_\_

## Appointment of Health Care Agent

6. Designation of Health Care Agent. If you become unable to make medical treatment decisions for yourself, who would you want to make those decisions for you? (If you do not want a substitute decision-maker, leave this blank.)

### Primary Decisionmaker

Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Relationship to You: \_\_\_\_\_

### Alternate Decisionmaker

Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Relationship to You: \_\_\_\_\_

7. Organ Donation. Do you want your tissues or organs to be made available for transplant?

Yes ☐ No ☐

8. Organ Donation. Do you want your tissues or organs to be made available for science?

Yes ☐ No ☐

9. Would you like your declaration to state that efforts should be made to allow you to die at home?

Yes ☐ No ☐

10. State. In which state is medical care most likely to be provided? \_\_\_\_\_